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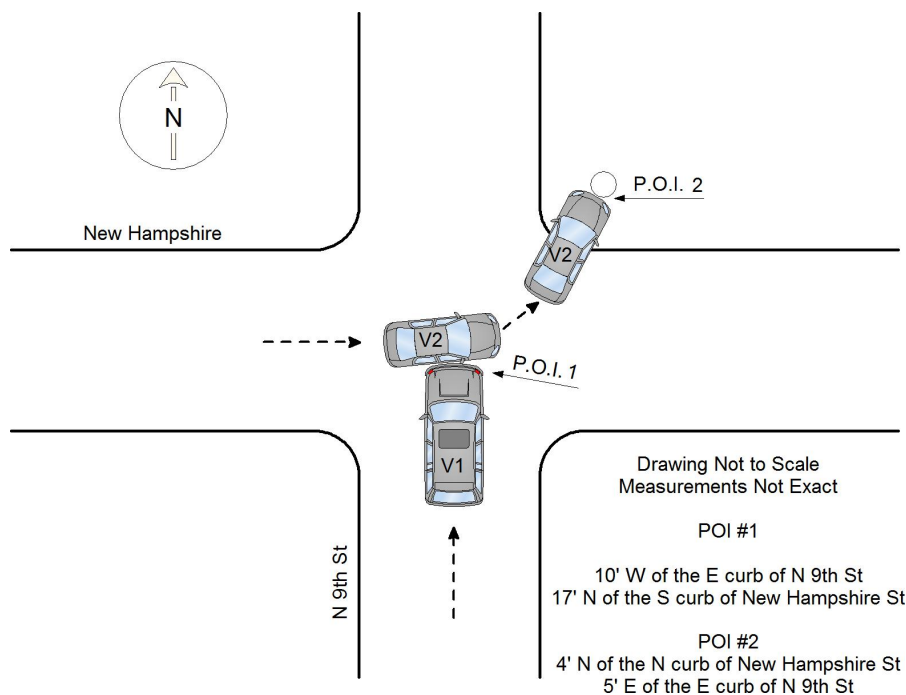
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 19	Agency Case No. B6-043834	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/19/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1725	POLICE NOTIFIED 1730	05/20/2016					
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 9th & New Hampshire St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LATITUDE				
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.			LONGITUDE				
D	IF AT INTERSECTION						IF NOT AT INTERSECTION				
1	NAME OF INTERSECTING ROADWAY			NAME OF INTERSECTING ROADWAY			NAME OF INTERSECTING ROADWAY				
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
V2/M	MILES										
01	R. WORK ZONE CODES R1 R2 R3 R4										
E	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b										
1	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?										
VEHICLE NO. 1											
F	DRIVER LICENSE NO.	H13545197			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N	DRIVER	HAYLEY R BELL			PHONE	402-326-0703					
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	04/24/1996					
1	OWNER	BRYAN D BELL (DOB 10-17-1966) / Lisa J Bell			PHONE	402-499-8478					
G	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO					
2	3200 Canyon Rd, Lincoln, NE 68516			CITATION NO.							
H	LICENSE PLATE PA NO.	SKR164			YEAR (Plate Expires)	2016	STATE (Of Plate) NE				
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE				
2	2005	Toyota	HIL	Compact Utility	blue	<input type="radio"/> TOALED \$ 5000					
V2/O	VEHICLE ID NO. (VIN)	JTEEP21A850125268			INSURANCE COMPANY	State Farm					
3	TOWED TO	1520 Garret Lane			TOWED BY	Capital Towing					
I	VEHICLE NO. 2										
1	DRIVER LICENSE NO.	H13321213			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P	DRIVER	LAJAYEN M PARKER			PHONE	402-601-1571					
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	05/03/1992					
1	OWNER	LAJAYEN PARKER			PHONE	402-601-1571					
J	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO					
01	726 Y St, Lincoln, NE 68503			CITATION NO.							
V1/Q	LICENSE PLATE PA NO.	TZX542			YEAR (Plate Expires)	2017	STATE (Of Plate) NE				
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE				
1	2005	Ford	TSE	4 door Sedan	silver / chrome	<input checked="" type="radio"/> TOALED \$					
K	VEHICLE ID NO. (VIN)	1FAHP53U15A275880			INSURANCE COMPANY	Progressive					
02	TOWED TO	101 Charleston			TOWED BY	Capital Towing					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)											
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
2	LAJAYEN M PARKER	726 Y St, Lincoln, NE 68503			05/03/1992	01	1	01	3	2	M
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
2	LAJAYEN M PARKER	726 Y St, Lincoln, NE 68503			05/03/1992	01	1	01	3	2	M
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
2	LAJAYEN M PARKER	726 Y St, Lincoln, NE 68503			05/03/1992	01	1	01	3	2	M

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



D1 stated she was traveling NB on N 9th St approaching New Hampshire. D1 stated she did not yield when she approached the open intersection. D1 stated she collided with V2.

D2 stated he was traveling EB on New Hampshire approaching N 9th St. D2 stated he did not yield when he approached the open intersection. D2 stated he collided with V1 and then collided with a telephone pole.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
1	X				9th St														
2			X		New Hampshire														
1	01				06 Turning left														
2	01				07 Making U-turn														
					08 Entering traffic lane														
					09 Leaving traffic lane														
					10 Parked														
					11 Slowing or stopped in traffic														
					12 Other														
					13 Unknown														

VEHICLE 1		VEHICLE 2	
POINT OF IMPACT	01	POINT OF IMPACT	03
MOST DAMAGED AREA	01	MOST DAMAGED AREA	01

00 None

09 Top & windows

10 Undercarriage

11 Total (all areas)

12 Other

02 | 03 | 04

08 | 07 | 06

VEHICLE 2	
4	

1 Deployed - front
2 Deployed - side
3 Deployed - both front/side
4 Not deployed
5 Not applicable/
No airbag available
6 Unknown

VEHICLE 2	
1	

1 None used - vehicle occupant
2 Lap & shoulder belt used
3 Shoulder belt only used
4 Lap belt only used
5 Child safety seat used
6 Child booster seat used
7 DOT approved helmet used
8 Costume helmet used
9 Restraint use unknown

ALCOHOL/ DRUGS SUSPECTED	
1	

1 Neither alcohol nor drugs suspected
2 Yes - alcohol suspected
3 Yes - drugs suspected
4 Yes - alcohol & drugs suspected
5 Unknown

Driver No. 1	Driver No. 2	Pedestrian
Y	Y	Y
N	N	N

BAC LEVEL

Driver No. 1	Driver No. 2
1	1

OFFICER NO. 1745	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME <i>(Print or Type)</i> Kathryn Meade		INVESTIGATOR SIGNATURE Approved by Officer Kathryn Meade	DATE OF REPORT 05/20/2016